

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9915

STATE FILE NUMBER

63-037340

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 10 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MO

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. #1.

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

c. CITY
OR
TOWN ST LOUIS,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS
LINCOLN HOTEL
2226 OLIVE ST.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
ROBERT

Middle
FINLEY

Last
BALDWIN

4. DATE
OF
DEATH

Month Day Year
OCT. 1, 1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
10/12/93

9. AGE (last birthday)
69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
WASHINGTON CO. PENN U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME
GEORGE BALDWIN

13b. MOTHER'S MAIDEN NAME
NORA LOVEJOY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

SORKIS WEBBE CIVIL COURT BLDG.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ASPIRATION PNEUMONIA

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

INTRACEREBRAL HEMORRHAGE

DUE TO (c)

HYPERTENSION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/21/63 to 10/1/63 and last saw her alive on 10/1/63
Death occurred at 10A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
William R. Coe M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

10/1/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
REMOVAL

23b. DATE

10/7/63

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEMETERY

23d. LOCATION (City, town, or county)

JEFFERSON BARRACKS MO.

24. FUNERAL DIRECTOR

ADDRESS

STROOT - CARROLL 4600 NATURAL BRIDGE OCT 7 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.